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Comparison of ofloxacin with oxytetracycline in the treatment of non-gonococcal urethritis in men

Ofloxacin has been shown to be effective in the treatment of genital infections due to *Chlamydia trachomatis* and in non-gonococcal urethritis (NGU).¹⁻³ We conducted a study to compare the efficacy of ofloxacin against oxytetracycline in the treatment of NGU.

New and re-booked males with NGU, who attended the Department of Genitourinary Medicine at the Bristol Royal Infirmary were recruited. Those who had received antibiotics in the preceding two months were excluded. Routine samples were taken for the detection of *Neisseria gonorrhoeae* and *C. trachomatis*. Patients were randomly allocated to receive either ofloxacin 400 mg once daily for ten days or oxytetracycline 250 mg four times daily for ten days. They were reassessed 14 and 21 days after initiation of therapy for clinical cure of urethritis.

Of the 265 men with NGU, 127 were treated with ofloxacin while 138 received oxytetracycline. Age, number of sexual partners in the preceding six months and condom use were similar in both groups.

Twenty-four men in the ofloxacin group and 36 in the oxytetracycline group were not assessable because of either default or sexual intercourse, during the follow-up period. Chi square test was used for statistical analysis. The results are summarised in the table.

Our study has shown that clinical cure rates for NGU did not differ significantly between the treatment groups. This is in agreement with previous studies which have compared ofloxacin with doxycycline^{1,2} and erythromycin.³ Moreover, cure rates were not significantly different between the two antibiotics, for chlamydia-positive and chlamydia-negative NGU. Patients tolerated ofloxacin well and found the single dose regimen convenient.

We conclude that ofloxacin is a safe and effective alternative in the treatment of non-gonococcal urethritis in men.

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Table Clinical cure in men with NGU

	Ofloxacin	Oxytetracycline	
Chlamydia-positive NGU	35/44 (79.5%)	33/37 (90.2%)	p > 0.1
Chlamydia-negative NGU	50/59 (84.7%)	57/65 (87.6%)	p > 0.5
Total	85/103 (82.5%)	90/102 (88.2%)	p > 0.1

Location of district genitourinary clinic: hospital or community site?

The NHS and Community Care Act 1990 emphasises the provision of health care sensitive to patient's needs; consumers' views are increasingly being sought in many areas of the health service including genitourinary medicine (GUM).¹ For the management of sexually transmitted diseases GUM

specialists require access to a microbiological laboratory and may need to consult with other clinical colleagues including gynaecologists and surgeons. The main GUM clinic should, therefore, be situated within the district general hospital. Such a site becomes important as the number of AIDS cases, with their requirements for inpatient care and access to diagnostic and therapeutic services, increase. However, as immediate access to a laboratory or

other clinical services is infrequently required consideration could be given to providing the main GUM clinic outside the hospital, especially in areas with few AIDS cases. Given such a situation in Middlesbrough a community-based clinic was perceived to improve access and increase uptake of the service during a recent service planning exercise in South Tees Health District. To examine the proposed possible relocation of the hospital-based clinic to a community site in view of the above arguments and a more recent Department of Health recommendation,² patients' views on siting of the clinic were considered essential. A survey of patients attending the GUM clinic was undertaken.

South Tees Health District has a resident population of 288,000 people living in the two boroughs of Middlesbrough and Langbaugh. There are two acute district general hospitals: Middlesbrough General Hospital and South Cleveland Hospital in Middlesbrough town. The only GUM clinic is situated in its own separate accommodation in the Middlesbrough General Hospital complex and the hospital houses the district A & E department in addition.

During a one-week study period 109 patients registering at the clinic reception were asked by a nurse to complete a questionnaire which sought patients' views on the location of the GUM clinic. One hundred and one completed questionnaires were returned. Two questionnaires were spoilt and were discarded thus results were obtained for 99 patients (response rate 91%).

The majority of patients (77%) belonged to South Tees Health District, 14% came from the surrounding three health districts and the rest from other areas. There were 62 male and 35 female patients (two patients did not state their gender) and the majority (92%) were under the age of 36 years.

The majority of patients (78%) preferred the clinic to be at the existing site, in Middlesbrough General Hospital, 4% wanted it in the other district general hospital 3 miles away and 14% mentioned other sites.

Only 6% wanted the clinic to be based in the main shopping centre in town—the site which was perceived to improve access. In common with a previous finding¹ 83% preferred the clinic to be in its own accommodation away from the main outpatients department. Just over a quarter (26%) of patients would have preferred an additional clinic to increase choice, preserve anonymity or improve access. The rest felt an additional clinic to be unnecessary, particularly in view of the financial constraints facing the NHS, and preferred to centralise expertise at a single site.

GUM professionals have long argued for the main GUM clinic to be situated within the district general hospital. Such a site is, presumably, now taken for granted and a recent study in Hertfordshire seeking patients' preference for the siting of a new department did not even address the possibility of a clinic outside a hospital.¹ However, as our experience indicates, possible relocation of GUM clinics outside a hospital complex can be considered. This study of patients' views, the only one of its kind to our knowledge, however, confirms the clinicians' recommendations for locating the GUM clinic within a district general hospital. The results may be useful for other health districts and serve as a reference for the future. It has now been decided to retain the GUM clinic at its existing site in Middlesbrough general hospital in South Tees Health District.

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